Atty. Docket #: M-1492

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INTERNATIONAL APPL. NO.: PCT/EP96/02849:

INTERNATIONAL FILING DATE: JUNE 29, 1996:

APPLICANT: DIETER MÜLLER :

SERIAL NO: : **ART UNIT:**

FILED: : **EXAMINER:**

FOR: "PHARMACEUTICAL ADMINISTRATION FORM" :

Hon. Commissioner of Patents and Trademarks
Box PCT
Washington, D.C. 20231

"Express Mail" No.: EE805601318 Date: December 23, 1998

I hereby certify that this paper, along with any other paper or fee referred to in this paper as being transmitted herewith, is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10, postage prepaid, on the date indicated above, addressed to the Asst. Comm. of Patents , Washington, D.C. 20231

- Kay P. Ruark -
(Typed or printed name of mailing paper or fee)

Kay P. Ruark
(Signature of person mailing paper)

TRANSMITTAL OF APPLICATION PAPERS TO U.S. DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. §371 (37 CFR 1.494 OR 1.495)

This Transmittal Letter is based upon PTO Form 1390 (as revised in May, 1993).

The above-identified applicant(s) (jointly with their assignee) have filed an International Application under the P.C.T. and hereby submit(s) to the United States Designated/Elected Office (DO/EO/US) the following items and other information.

1. [X] This is a **FIRST** submission of items concerning a filing under 35 U.S.C. §371.

2. [ ] This is a **SECOND** or **SUBSEQUENT** submission of items concerning a filing under 35 U.S.C. §371.

3. [X] This is an express request to begin national examination procedures (35 U.S.C. §371[f]) at any time rather than delay.

4. [X] A proper Demand for International Preliminary Examination (IPE) was made to the appropriate Authority (IPEA) within the time period required.

5. [X] A copy of the International Application as filed (35 U.S.C. §371[c][2]) --
   a. [X] is transmitted herewith (required when not transmitted by International Bureau).
   b. [ ] has been transmitted by the International Bureau. See WIPO Publication WO 98/00198.
   c. [ ] is not required, as the application was filed in the United States Receiving Office (RO/US).

6. [X] A (verified) translation of the International Application into the English language is enclosed with (1) One Sheet of Drawing.

7. [ ] Amendments to the (specification and) claims of the International Application under PCT Article 19 (35 U.S.C. 371[c][3])
   a. [ ] are transmitted herewith (required if not transmitted by the International Bureau).
   b. [ ] have been transmitted by the International Bureau.
   c. [ ] have not been made; however, the time limit for making such amendments has NOT expired.
   d. [ ] have not been made and will not be made.
   e. [ ] will be submitted with the appropriate surcharge.

8. [ ] A translation of the amendments to the claims (and/or the specification) under PCT Article 19 (35 U.S.C. §371[c][3]) is enclosed or will be submitted with the appropriate surcharge.

9. [X] An oath or declaration/power of attorney of the inventor(s) (35 U.S.C. §371[c][4]) will follow.
   [ ] and is attached to the translation of (or a copy of) the International Application.
   [ ] and is attached to the substitute specification.

10. [ ] A translation of at least the Annexes to the IPE Report under PCT Article 36 (35 U.S.C. §371[c][5]) is enclosed.

Items 11. to 16. below concern other document(s) or information included:

11. [X] An Information Disclosure Statement under 37 CFR 1.97 and 1.98 is enclosed.

12. [X] An Assignment for recording and a separate cover sheet in compliance with 37 CFR 3.28 and 3.31 will follow.

13. [X] A FIRST preliminary amendment is enclosed.
    A SECOND or SUBSEQUENT preliminary amendment is enclosed.

14. [ ] A substitute specification (including claims, abstract, drawing) is enclosed.

15. [ ] A change of power of attorney and/or address letter is enclosed.

16. [X] Other items of information:

    [X] This application is being filed pursuant to 37 CFR 1.494(c) or 1.495(c), and any **missing parts** will be filed before expiration of--

        [ ] 22 months from the priority date under 37 CFR 1.494(c), or

        [X] 32 months from the priority date under 37 CFR 1.495(c).

    [X] The undersigned attorney is authorized by the International applicant and by the inventors to enter the **National Phase** pursuant to 37 CFR 1.494(c) or 1.495(c).

The following additional information relates to the International Application:

[X] Receiving Office: EPO
[X] IPEA (if filing under 37 CFR 1.495): EPO
[X] Priority Claim(s) (35 USC §§ 119, 365):
German Appln.
[X] A copy of the International Search Report is

[ ] enclosed.
[X] attached to the copy of the International Application.

[X] A copy of the Receiving Office Request Form
[X] will follow.

The fee calculation is set forth on the next page of this Transmittal Letter.

FEE CALCULATION SHEET

[x] A check in payment of the filing fee, calculated as follows, is attached (37 CFR 1.492).

Basic Fee.....	$ 840.00
Total Number of claims in excess of (20) times $18.....	-0-
Number of independent claims in excess of (3) times $78.....	-0-
Fee for multiple dependent claims $260.....	-0-
TOTAL FILING FEE...	$ 840.00

Kindly send us the official filing receipt.

The Commissioner is hereby authorized to charge any additional fees which may be required or to credit any overpayment to Deposit Account No. 03-2775. This is a "general authorization" under 37 CFR 1.25(b), except that no automatic debit of the issue upon allowance is authorized. An additional copy of this page is attached.

Respectfully submitted,

By_____
Richard M. Beck
Reg. No. 22,580
CONNOLLY & HUTZ
1220 Market Street
P.O. Box 2207
Wilmington, Delaware 19899
Tel. (302) 658-9141

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Enclosures
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M-1492

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DIETER MÜLLER : ART UNIT:

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TITLE: "PHARMACEUTICAL ADMINISTRATION FORM" :

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Date of Deposit DEC. 23, 1998
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.
- Kay P. Ruark -
(Typed or printed name of person mailing paper or fee)
Kay P. Ruark
(Signature of person mailing paper or fee)

Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

PRELIMINARY AMENDMENT

Sir:

Prior to the examination of this application, the applicant(s) respectfully request(s) that this Preliminary Amendment be entered.

In the Claims:

Claim 3, line 1, delete "or 2" .

R E M A R K S

Claim 3 has been amended to refer to only one preceding claim. Each of the dependent claims, as amended, now depends on only one preceding claim. Therefore no additional fee is required for multiple dependency.

Prompt, favorable action is solicited.

Respectfully submitted,

CONNOLLY AND HUTZ

By_____
Richard M. Beck, Reg. No.22,580

RMB/kpr
(6247*1)

PHARMACEUTICAL ADMINISTRATION FORM

Dieter Müller

ENGLISH TRANSLATION
OF
INTERNATIONAL APPLICATION
with
(1) One Sheet of Drawing

PCT/EP96/02849

M-1492

Pharmaceutical Administration Form

The invention concerns a pharmaceutical administration form of a medical compound being suitable to having direct influence on a biological receptor system.

Pharmaceutical medical compounds are prepared in carrier systems, such as tablet masses, solutions, creams, sprays or the like and then given to the patient. The best known forms of administration include tablets, dragées, suppositories, solutions for injections, ointments, drop systems, sprays and the like. All these pharmaceutical forms of administration have in common that the medical compound must be directly administered to the patient in its molecular form through body apertures, through the pores of the skin or by means of syringes immediately into the vessel system.

Body-own carrier systems then transport the medical compound to the receptors being in interaction therewith where it develops its effect.

Although worldwide enormous amounts of money are being spent for the development of medical compounds and new medical composition systems the molecular acting system of the medical compounds with their receptor systems mostly remains in the dark. This finally leads to the fact that medical compounds have to be elected under difficulties with respect to their pharmacological properties in the screening process with thousands of compounds synthesized in the laboratory. Hereby usually rather the chance than proper research decides on the finding of a new medical compound.

Medical compounds develop at a receptor not only the advantageous pharmacological properties, but partly also highly undesired secondary effects so that often it has to be decided between the advantageous effects and the disadvantageous side effects. In this connection it may be reminded of the well-known drug phenacetine which beside its analgetic properties at long-term use leads to renal damages so that a considerable part of the dialysis patients has its origin in the field of damages by phenacetine use.

Usually a medical compound develops its effect only via a defined average period of activity which is defined by a plurality of factors. Finally the concentration of a medical

Usually a medical compound develops its effect only via a defined average period of activity which is defined by a plurality of factors. Finally the concentration of a medical compound is continuously lowered within the organism of the patient as a result of the excretion through the kidneys or the metabolism in the liver and the like. Considerable side effects may hereby be generated by the metabolites occurring at the degradation, which are partly highly toxic so that here, too, it has to be decided between the desired effect of the medical compound and the undesired side effects of the metabolites.

The problem underlying the invention is thus to generate a pharmaceutical form of administration in which the medical compound itself no longer has to be administered to the patient in physical form.

Surprisingly this problem is solved in that the bioresonance spectrum of the medical compound is stored in an electromagnetic memory.

This electromagnetic memory may be applied to the body of a patient so that receptors at cell and nuclear membranes may receive the bioresonance spectrum and start metabolism processes (interactions of medical compounds).

The invention is based on the following definitions:

"Medical compounds" are such pharmacologically effective substances which may directly interact with a cellular receptor of the organism. Insofar such medical compounds do not belong to the invention which first of all are metabolized in the body of the patient into a metabolic form, whereby said metabolic form then generates the pharmacological effect.

"Bioresonance spectrum" is the electromagnetic spectrum which has been gained from the medical compound according to the bioresonance method.

"Electromagnetic memories" are such memory media which may store an electromagnetic spectrum, in particular such having a frequency of 10 Hz - 150 kHz. These include in particular magnetic tapes as being applied e.g. with the tape recording or video technology. Particularly preferred are video tapes due to their high recording ability.

in particular magnetic tapes as being applied e.g. with the tape recording or video technology. Particularly preferred are video tapes due to their high recording ability.

With the bioresonance therapy a relatively novel form of therapy is concerned which during the past 15 years gains more and more importance at least on the complementary, naturopathic therapy sector. The bioresonance therapy proved a success over the scientific medicine at least on the field of the treatment of chronic diseases and allergies, since the allergies are extinguished by means of the bioresonance therapy after the allergen has been identified. This is in contrast to the classic method of therapy, where the symptoms are merely treated by means of abstinence.

The biophysical bases underlying the bioresonance are mostly unexplored since obviously ultra-fine signals are concerned which so far are beyond the ascertainable measuring limits. Insofar high measuring expenditures are required for obtaining such signals from the thermal noise.

Transferred to biological systems this means: a living organism is characterized in like manner as the inanimate matter by an electromagnetic energy field. Derivatives of such electromagnetic fields like with the ECG, EEG or EMG are sufficiently known and their information are standards of the diagnosis in medicine.

The electromagnetic signals as being processed in modern bioresonance devices are very weak and thus lie within the above-mentioned technical noise. They have the property of an extremely good resonance ability and are apt to cause modifications in the molecular level of the cell. Hereby great measuring expenditures are necessary to gain such ultra-fine signals from the technical noise, e.g. by means of Fourier analysis.

The information energy for controlling the functional processes in the organism, too, is extremely weak, but shows a defined (modulated) frequency mixture thus representing a specific information.

This information, however, can only be received and understood by structures which have vibrations in the same wavelength area and thus get into resonance therewith.

Receptors with their typical dipole structure are not only apt to match with regulators (substances having a specific effect, medical compositions), but have - as now resulted - also the function to interact with these medical compounds on the electromagnetic field (bioresonance field). Only hereby the highly specific interaction of individual substances or their identical information (electromagnetic frequencies) may be explained.

The human body avails of a high-quality system of resonators where different conditions of resonance may exist, whereby these resonances lie within an area of few Hz to 150 kHz. This body-own resonator system attenuates in view of its high quality received signals only on a very small scale and passes them on nearly undattenuated. The resonance system presumably consists of a plurality of parallel-switched resonators which are composed of cell and nuclear membranes.

The signal is forwarded via a multi-channel system which is composed of the nerve tracts, meridians and the protein chains of the tissue. By means of this transmission system the organism is in the position to receive ultra-fine signals because of its highly sensitive resonators and to transmit same via a nearly unattenuated conducting path to the respective receptors in the body.

Expressed in the medical language thus all diseases are generated or respectively accompanied by electromagnetic vibrations so that beside the "physiological" also "pathological" electromagnetic vibration conditions occur in the body of a patient. The latter vibration conditions disturb the physiological equilibrium and thus the cybernetic controlling circuits of the body. Thus - physically expressed - a disturbance of the resonator occurs which in view of the disturbance is upset transitionally or constantly.

In the past such irritations (diseases) have been treated by means of certain medical compositions in dependency from the respective form of disease (pains and the like) in that these medical compounds were administered in their physical form.

With the bioresonance therapy an actual information is recorded by means of a frequency generator and transmitted according to a program (change of the adjusting value) as set information in the sense of a cybernetic control circuit. As change of the adjusting value a

phase shift by 180° may be generated whereby the inverse vibration attenuates or quenches pathological vibrations by means of interference and thus regulates forms of diseases.

Such bioresonance units are customary and are manufactured and sold e.g. by the German companies Brügemann, Mora or Vega. Brügemann also issued a monography on the bioresonance having the title "Bioresonanz- und Multiresonanz-Therapie (BRT)" edited by K.H. Haug Verlag, Heidelberg, (1990), to which reference is made for reasons of disclosure.

In the present case the inventor now ascertained that the spectrum of bioresonance frequency of medical compounds has resonance with the organism of human or animal beings and interacts like a regulating means (pharmacons) with the respective cell-based receptors.

With respective modifications of the amplitude of the bioresonance spectrum of the medical compound, which is achieved in empirical manner by means of amplification at the frequency generator, the respective dose necessary for a patient may be adjusted, i.e. the amount of the medical compound may be displayed by the integrated area of the multiresonance spectrum. Insofar also the information of a medical compound may be stored in a defined amount on a magnetic carrier by correspondingly amplifying a bioresonance signal.

The bioresonance spectrum of a medical compound is generated in that the medical compound is being given into a resonator vessel, commonly a brass cup, said vessel being connected via an input conduit with the frequency generator.

The bioresonance frequency spectrum of the medical compound is being identically copied within a range of about 1 Hz - 150 kHz and the vibration spectrum is amplitude-amplified. The vibration spectrum of the medical compound is now transferred via an output conduit to a second cup electrode into which the magnetic memory, e.g. in form of a piece of a magnetic tape has been inserted.

On the other hand, also a common metallic flat electrode, a video head as being applied in video units, or the like may be used for transmission of these frequencies.

Such a magnetic tape may be applied to the body of a patient practically at every place which is suited to trecord bioresonance signals. In particular these are the points known from acupuncture which obviously can transmit the information energy in form of bioresonance signals. If one would make a comparison with an electric conducting system one could say the acupuncture points function as "socket".

In a preferred manner such tape is applied to a plaster well tolerated by the skin whereby the projecting border strips of the plaster may serve for fastening the tape at the desired place of the body.

A tape with such a recording is adhered e.g. at the level of the acupuncture point KG 6, which lies about two-fingers below the navel; there normally it continuously delivers its stored signal information to the acupuncture point, i.e. the stored dose is steadily used up so that at the end the tape does not show any stored electromagnetic information and may optionally be newly provided with new information.

The effect of the medical composition may very individually be controlled, and that in dependence from the intensity of the stored signal. The effect of the medical composition may hereby be relatively quickly terminated by removing the plaster.

No secondary effects are to be expected with this kind of applying a medical compound unless an overdose is given. Undesired secondary effects like after consuming the original medical compound do not occur, since naturally no metabolites of the substrate are being formed which again could interact, respectively get into resonance with the organism.

The magnetic strip itself practically has no expiry date in contrast to the actual medical compound which over a certain period looses its activity. It merely has to be taken care that the magnetic strip is guarded against other magnetic fields, e.g. is stored in a metallic vessel as Faraday's cage. Hereby the magnetic tape may be protected against technical high

frequencies, such as TV or microwave frequencies, and strong magnetic fields, such as e.g. fields of loudspeakers, since their information could be stored.

It does not have to be particularly emphasized that a therapeutically effective amount of a medical compound, e.g. a few milligrams, suffice to apply its bioresonance spectrum to a magnetic storage. Thus very complicated and expensive synthesis steps of industrial scale are superfluous since already a small amount of the medical compound suffices to produce a plurality of magnetic medical compound-storages by copying and memorizing the pharmacon. Each magnetic store is like a tablet which contains the compound in a predetermined amount and serves as dosage unit. In the same manner very complicated gene-technological plants for producing therapeutically effective enzymes, hormones or the like, which often can hardly be asserted for political reasons, may become superfluous in case these compounds may be isolated in a therapeutically effective scale.

As already stated above, practically each medical compound may be used for manufacturing such dosage form as far as it has its direct effect in the organism and its effect is not generated via a metabolite. The applicable classes of medical compounds include (exemplary with some medical compositions, in INN-terms: the trade names are given in parenthesis):

1. Hormones

1.1. Hypothalamic hormones

1.1.1. Thyroliberine, protireline (Antepan, Relefact TRH, TRH Berlin-Chemie, TRH Ferring)

1.1.2. Corticoliberine (Corticobiss, CRH Ferring)

1.1.3. Gonadoliberine (GnRH Serono, Relefact LH-RH, LHRH Ferring, Lutrelef, Kryptocur)

1.1.4. Busereline (Suprefact, Suprecur)

1.1.5. Gosereline (Zoladex)

1.1.6. Leuproreline, Leuprolid (Carcinil, Enantone)

1.1.7. Nafareline (Synarela)

1.1.8. Triptoreline (Decapeptyl)

1.1.9. Somatostaine (Stilamin)

1.1.10. Octretoide (Sandostatin)

1.1.11. Somatoliberine (GHRH Ferring)

1.2. Anterior pituitary hormones (HVL Hormones)

1.2.1. Thyotropine

1.2.2. Corticotropine (Acethropan)

1.2.3. Tetracosactide (Synacthen)

1.2.4. Melanotropin

1.2.5. Follitropine (Fertinorm HP, contained in: Humegon, Menogon, Pergonal)

1.2.6. Lutropine (contained in: Humegon, Menogon, Pergonal)

1.2.7. Chorionic gonadotropine (contained in: Choragon, Predalon, Pregnesin, Primogonyl)

1.2.8. Bromocriptine (kirim, Pravidel)

1.2.9. Lisuride (Dopergin)

1.2.10. Metergoline (Lisendol)

1.2.11. Quinergolide (Norprolac)

1.2.12. Prolactine, lactogene

1.2.13. Somatropine, Somatotropine (Genotropin, Humatrop, Norditropin, Saizen)

1.3. Posterior pituitary hormones (HHL Hormones)

1.3.1. Adiuretine, Vasopressine (Pitressin)

1.3.2. Desmopressine (Minirin)

1.3.3. Ornipressine (Por 8 Sandoz)

1.3.4. Terlipressine acetate (Glycylpressin)

1.3.5. Oxytocin (Orasthin, Pitocin Buccal, Syntocinon, contained in: Methergin)

1.4. Thyroid hormones

1.4.1. L-Thyroxine, Levothyroxine (contained in: Eferox, Euthyrox, Thevier, L-Thyroxin Berlin-Chemie, L-Thyroxin Henning, Novothyral, Prothyrid, Thyreocomb, Thyroxin-T_3 "Henning")

1.4.2. Triiodothyronine, Liothyronine (contained in: Thybon, Trijod-thyronin BC N, Novothyral, Prothyrid, Thyreocomb, Thyreotom, Thyroxin-T_3 "Henning")

1.4.3. Calcitonin (contained in: Cibacalcin, Calci, Calcimonta, Calsynar, Casalm, Karil, Ostostabil)

1.5. Parathyroid hormones

1.5.1. Parathyrine

1.6. Thymic renal hormones

1.6.1. Thymosin α_1

1.6.2. Thymopoietin; Erytropoietin (EPO)

1.6.3. Thymoline

1.6.4. Thymostimuline (Tp-1 Serono)

1.7. Hormones of the pancreatic islets (islets of Langerhans)

1.7.1. Insuline

1.8. Gonadal hormones

1.8.1. Oestradiol, Estradiol

1.8.2. Oestrone, Estrone

1.8.3. Oestriol, Estriol (OeKolp, Ortho-Gynest, Ovestin, Estraderm)

1.8.4. Estradiolvalerat (Progynon-Depot, Progynova)

1.8.5. Ethinylestradiol

1.8.6. Clomifene (Dyneric, Pergotime)

1.8.7. Progesterone

1.8.9. Norethisterone, Norethisterone acetate, -enanthate (Micronovum, Norethisteron Jenapharm, Noristerat, Primolut-Nor, among others component in: Etalontin, Neorlest, Non-Ovlon, Orlest 21, Sinovula mikro)

1.8.10. Norgestrel, Levonorgestrel (Microlut, Mikro-30 Wyeth, Norgestrel Jenapharm, among others component in: Gravistat, Microgynon, Minisiston, Neogynon, Sequilar, Stediril)

1.8.11. Gestoden (among others component in: Femovan, Minulet)

1.8.12. Hydroxyprogesterone Caproate (Progesteron-Depot Jenapharm, Proluton Depot, component in: Gravibinon)

1.8.13. Medroxyprogesteroneacetate (Clinoferm, Clinovir, Farlutal, Mpa Hexal)

1.8.14. Megestrolacetate (Megestat)

1.8.15. Chlormadinone-acetate (Chlormadinon Jenapharm, Gestafordin, component in: Neo-Eunomin, Ovosiston)

1.8.16. Mifepriston (RU-486)

1.8.17. Prostaglandin $F_{2\alpha}$, Dinoprost (Minprostin $F_{2\alpha}$)

1.8.18. Prostaglandin E_2, Dinoproston (Cerviprost, Minprostin E_2, Prepidil)

1.8.19. Prostaglandin E_1, Alprostadil (prostavasin, Minprog 500)

1.8.20. Misoprostol (Cytotec)

1.8.21. Sulprostone (Nalador)

1.8.22. Gemeprost (Cergem)

1.8.23. Ergometrine

1.8.24. Methylergometrine (Methergin)

1.8.25. Fenoterol (Partusisten)

1.8.26. Hexoprenaline (Tokolysan pro infusione)

1.8.27. Ritodrine (Pre-par)

1.8.28. Testosterone

1.8.29. 5α-Dihydrotestosterone

1.8.30. Testosterone Propionate (Testoviron)

1.8.31. Testosterone Undecanoate (Andriol)

1.8.32. Mesterolone (Proviron, Vistimon)

1.8.33. Cyproterone Acetate (Androcur)

1.8.34. Flutamide (Fugerel)

1.8.35. Finasterid (Proscar)

1.8.36. Nandrolone Decanoate (Deca-Durabolin)

1.8.37. Chlostebole Acetate (Megagrisevit mono)

1.8.38. Metenolone Acetate (Primobolan S)

1.9. Tissue hormones

1.9.1. Histamine

1.9.2. Serotonine

1.9.3. Methysergid (Deseril retard)

1.9.4. Pizotifen (Mosegor, Sandomigran)

1.9.5. Cyproheptadin (Peridol)

1.9.6. Granisetron (Kevatril)

1.9.7. Ondansetron (Zofran)

1.9.8. Tropisetron (Navoban)

1.9.9. Metoclopramid

1.9.10. Thromboxan A_2

1.9.11. Prostacyclin, Epoprostenol

1.9.12. Iloprost (Ilomedin)

1.9.13. Kallidine

1.9.14. Bradykinine

1.9.15. Aprotinin (Antagosan, Trasylol)

2. Vitamins

3. Roborants

4. Therapeutics for the gastrointestinal tract

4.1. Pentagastrin (Gastrodiagnost)

4.2. Metoclopramid (Gastronerton, Gastrosil, MCP 10 of ct, MCP- ratiopharm, Paspertin)

4.3. Bromopride (Cascapride, Viaben)

4.4. Cisapride (Alimix, Propulsin)

4.5. Domperidon (Motilium)

4.6. Ricinoleic acid

4.7. Glycerol (contained in: Babylax, Glycilax, Microklist)

4.8. Sorbit (contained in: Babylax, Glycilax, Microklist)

4.9. Diphenoxylate (Reasec)

4.10. Loperamid (Azuperamid, duralopid, Imodium, Lopalind, Lopedium, Loperamid-ratiopharm, Loperamid Stada)

4.11. Ox bile

4.12. Dehydrocholic acid

4.13. Febuprol (Valbil)

4.14. Hymecromon (Biliton H, Cholspasmin Forte, Chol-Spasmoletten, Gallo Merz Spasmo Hymecromon)

4.15. Chenodiol (Chenofalk, Hekbilin)

4.16. Ursodiol (Cholit-Ursan, Ursofalk)

4.17. Carbutamide

4.18. Tolbutamide (Artosin, Orabet, Rastinon "Hoechst")

4.19. Glibornuride (Gluborid, Glutril)

4.20. Glibenclamide (Azoglucon, duraglucon, Euglucon N, Glibenhexal, Gliben-Puren, Glimidstada, Gluconorm, Glukoreduct, Gluko-vital, glycolande N, Maninil, Praeciglucon, Semi-Euglucon N)

4.21. Glipizide (Glibenese)

4.22. Gliquidon (Glurenorm)

4.23. Glisoxepid (Pro-Diaban)

4.24. Metformin (Glucophage S, Mediabet, Mescorit retard)

4.25. Acarbose (Glucobay)

4.26. Diazoxide(Proglicem)

5. Circulatory Drugs

5.1. Dipryridamol (Asasantin)

5.2. Ticlopidine (Tyklid)

5.3. Bezafibrate (Azufibrat, Befibrat, Bezacur, Bezafibrat-ratiopharm, Beza-Lande, Beza-Puren, Cedur, Regardrin, durafenat)

5.4. Fenofibrate (Lipanthyl, Normalip pro)

5.5. Gemfibrozil (Gevilon, Gevilon uno)

5.6. Pravastatine (Liprevil, Pravasin)

5.7. Dextrothyroxine (Dynothel)

5.8. Sitosterol (Liposit Merz, Sito-Lande)

5.9. Captopril (Acenorm, cortensorbon, Lopirin, tensobon)

5.10. Enalpril (Pres, Xanef)

5.11. Lisinopril (Acerbon, Coric)

5.12. Perindopril (Coversum Cor)

5.13. Trandolapril (Gopten, Udirk)

5.14. Ramipril (Delix, Vesdil)

5.15. Quinapril (Accupro)

5.16. Cilazapril (Dynorm)

5.17. Benazepril (Cibacen)

5.18. Fosinpril (Dynacil, Fosinorm)

5.19. Dihydralazine (Nepresol)

5.10. Minoxidil (Lonolox)

5.21. Diazoxide (Hypertonalum)

5.22. Dopamine (Dopamin Giulini, Dopamin Nattermann)

5.23. Dobutamine (Dobutrex)

5.24. Pentoxifylline (Azupentat, Claudicat, durapental, Pento-Puren, Pentoxifyllin-ratiopharm, Ralofekt, Rentylin, Trental)

5.25. Buflomedil (Bufedil, Defluina peri)

5.26. Naftidrofuryl (Artocoron retard, Dusodril, Naftilong)

5.27. Cinnarizine (Cinnacet, Cinnarizin forte-ratiopharm, Stutgeron forte)

5.28. Flunarizine (Sibelium)

5.29. Ginkgo-biloba-extract (Gingium, Ginkobil N ratiopharm, Kaveri, Rökan, Tebonin)

5.30. Horse-chestnut-extract (among others contained in: Aescusan 20, Essaven N, Rexiluven S, Vasotonin, Venoplant, Venopyronum N forte, Venostasin)

5.31. Aescin (opino retard N, Proveno N, u.a.)

5.32. Troxerutin (Troxerutin-ratiopharm, Veno SL 300, u.a.)

5.33. O-(β-Hydroxyethyl)-rutoside (Venoruton)

5.34. Calcium Dobesilate (Dexium, Dobica)

6. Antiepileptics

6.1. Phenobarbital (Lepinal, Lepinaletten, Luminal, Luminaletten, Phenaemal, Phenaemaletten)

6.2. Primidon (Liskantin, Mylepsinum, Resimatil)

6.3. Phenytoin (Epanutin, Phenhydan, Zentropil)

6.4. Mesuximid (Pentinutin)

6.5. Ethosuximid (Petnidan, Pyknolepsinum, Suxilep, Suxinutin)

6.6. Trimethadion (Tridione)

6.7. Sultiam (Ospolot)

6.8. Carbamazepine (Carbamazepin-ratiopharm, Finlepsin, Fokalepsin, Sirtal, Tegretal, Timonil)

6.9. Opipramol (Insidon)

6.10. Valproic Acid (Convulex, Convulsofin, Ergenyl, Leptilan, Mylproin, Orfiril)

6.11. Vigabatrin (Sabril)

6.12. Lamotrigin (Lamictal)

7. Analgetics

7.1. β-Endorphine

7.2. Dynorphine

7.3. Met-Enkephaline

7.4. Leu-Enkephaline

7.5. Codeine (codicept, Codicompren, Codipertussin, Dicton, Tricodein, component e.g. of Codipront)

7.6. Dihydrocodeine (Paracodin, Remedacen, Tiamon mono)

7.7. Hydromorphone (Dilaudid)

7.8. Hydrocodone (Dicodid)

7.9. Pethidine (Dolantin)

7.10. Levomethadone, (D,L-)Methadon (L-Polamidon)

7.11. Fenpipramide (component of L-Polamidon "C")

7.12. Piritramide (Dipidolor)

7.13. Clofedanol (Pectolitan)

7.14. Droperidol (Dehydrobenzperidol)

7.15. Fentanyl (Fentanyl-Janssen)

7.16. Alfentanil (Rapifen)

7.17. Sufentanil (Sufenta)

7.18. Pentazocine (Fortral)

7.19. Buprenorphine (Temgesic)

7.20. Nalbuphine (Nubain)

7.21. Notilidin

7.22. Tramadol (Tramadura, Tramagit, Tramal, Tramundin)

7.23. Clobutinol (Silomat, Stas-Hustenstiller, Tussamed)

7.24. Isoaminil (Peracon)

7.25. Pentoxyverin (Pertix-Hommel, Sedotussin, Tussa-Tablinen)

7.26. Butamirate (Sinecod)

7.27. Oxeladin (Toramin N, in Tussinfantum)

7.28. Pipazethate (Transpulmin Hustensaft N)

7.29. Paracetamol (ben-u-ron, Captin, Enelfa, Octadon, Treupel mono)

7.30. Mefenamic acid (Parkemed, Ponalar)

7.31. Flufenamic acid (Dignodolin, Rheuma Lindofluid)

7.32. Niflumic acid (Actol)

7.33. Phenazone (Dentigoa N, Eu-Med mono)

7.34. Propyphenazone (Arantil P, among others component of: Cibalen, Optalidon, Saridon neu)

7.35. Aminophenazone (Pyramidon)

7.36. Phenylbutazone (Butazolidin, Demoplas)

7.37. Oxyphenbutazone (Phlogont, Tanderil)

7.38. Acetylsalicylic acid (among others Alka-Seltzer, Aspirin, Colfarit, Godamed, Godasal, monobeltin)

7.39. Diflunisal (Fluniget)

7.40. Indomethacine (Amuno, Indomet-ratiopharm, Indo-Phlogont)

7.41. Acemethacine (Rantudil)

7.42. Diclofenac (Allvoran, Diclophlogont, Diclo-Puren, Diclo-Tablinen, diclo von ct, Diclo-Wolff, duravolten, Effekton, Myogit, Voltaren)

7.43. Lonazolac (Argun, irritren)

7.44. Ibuprofen (Aktren, Anco, Brufen, Contraneutral, Dansida, Dignoflex, Dolgit, Dolo-Dolgit, Dolormin, ibu-Attritin, imbun, Novogent, Tabalon, Urem)

7.45. Flurbiprofen (Froben)

7.46. Ketoprofen (Alrheumun, Orudis)

7.47. Naproxen (Apranax, Dysmenalgit N, Proxen)

7.48. Tiaprofenic Acid (Surgam)

7.49. Piroxicam (Brexidol, durapirox Felden, Jenapirox, Piroxicam Heumann)

7.50. Tenoxicam (Liman, Tilcotil)

7.51. Azapropazone (Tolyprin)

7.52. Nefopam (Ajan)

7.53. Flupirtin (Katadolon)

7.54. Aurothioglucose (Aureotan)

7.55. Sodium aurothiomalate (Tauredon)

7.56. Auronofine (Ridaura)

7.57. Chloroquine (Arthrabas, Chlorochin Berlin-Chemie, Resochin)

7.58. Methotrexat (Lantarel)

7.59. Colchicine (Colchicum-Dispert)

7.60. Probenecid (Probenecid Weimer)

7.61. Benzbromaron (Benzbromaron-ratiopharm, Benzbromaron Stada, Harolan, Narcaricin)

7.62. Sumatriptan (Imigran)

8. Antihistamines

8.1. H_1-Antihistamines

8.1.1. Meclozin, Meclizin (Bonamine, Peremesin, Postafen)

8.1.2. Cetirizin (Zyrtec)

8.1.3. Promethazin (Atosil, Eusedon mono, Soporil)

8.1.4. Diphenhydramine (Benadryl, Emesan, nervo OPT N, Sedovegan Novo, Durmutil N, S 8, Sediat), as 8-Chlortheophyllinat: Dimenhydrinat (Monotrean, Superpep, Vomex A)

8.1.5. Chlorphenoxamine (Systral, component of: Rodavan)

8.1.6. Doxylamine (Gittalun, Hoggar N, Mereprine, Sedaplus)

8.1.7. Pheniramine (Avil)

8.1.8. Brompheniramine (Dimegan, Bestandteil von: ilvico N)

8.1.9. Dexchloropheniramine (Polaronil)

8.1.10. Bamipin (Soventol, Bamipin-ratiopharm)

8.1.11. Clemastin (Tavegil)

8.1.12. Dimetinden (Fenistil)

8.1.13. Mebhydrolin (Omeril)

8.1.14. Loratadin (Lisino)

8.1.15. Oxatomid (Tinset)

8.1.16. Terfenadin (Fomos, Hisfedin, Teldane, Terfemundin, Terfen-Diolan)

8.1.17. Astemizol (Hismanal)

8.1.18. Ketotifen (Zaditen)

8.1.19. Azelastin (Allergodil)

8.2. H_2-Antihistamines

8.2.1. Cimetidine (Azucimet, Cimehexal, Cime-Puren, Cimet, H2 Blocker-ratiopharm, Tagagel, Tagamet)

8.2.2. Ranitidine (Sostril, Zantic)

8.2.3. Nizatidine (Gastrax, Nizax)

8.2.4. Famotidine (Ganor, Pepdul)

8.2.5. Roxatidine

8.3. Tritoqualin (Inhibostamin)

9. Narcotics

9.1. Inhalation narcotics

9.1.1. Dinitrogen monoxide

9.1.2. Halothane (Fluothan, Halothan Hoechst)

9.1.3. Diethyl ether

9.1.4. Enflurane (Ethrane)

9.1.5. Isoflurane (Forene)

9.2. Injection narcotics

9.2.1. Methohexital (Brevimytal)

9.2.2. Thiopental (Thiopental "Nycomed", Trapanal)

9.2.3. Ketamine (Ketamin 50-Rotaxmedica, Ketanest)

9.2.4. Etomidat (Etomidat-Lipuro, Hypnomidate, Radenarcon)

9.2.5. Propofol (Disoprivan)

9.2.6. Midazolam (Dormicum)

9.2.7. Flumazenil (Anexate)

10. Hypnotics

10.1. Paraldehyde

10.2. Trichloroethanol

10.3. Temazepame (Neodorm SP, Norkotral Tema, Planum, Remestan, Temazepam-ratiopharm)

10.4. Flurazepame (Dalmadorm, Flurazepam-ratiopharm, Flurazepam Riker, Staurodorm Neu)

10.5. Lormetazepame (Ergocalm, Loretam, Noctamid, Repocalm Lormeta)

10.6. Nitrazepame (Dormo-Puren, Eatan N, imeson, Mogadan, Novanox, Radedorm)

10.7. Flunitrazepame (Fluninoc, fluniOPT, Flunitrazepam-ratiopharm, Rohypnol)

10.8. Triazolame (Halcion)

10.9. Brotizolame (Lendormin)

10.10. Zolpidem (Bikalm, Stilnox)

10.11. Zopiclon (Ximovan)

11. Psychotropic drugs

11.1. Neuroleptics

11.1.1. Promethazine (Atosil, Promethazin Neurax)

11.1.2. Promazine (Protactyl)

11.1.3. Chlorpromazine

11.1.4. Triflupromazine (Psyquil)

11.1.5. Alimemazine (Repeltin, Theralene)

11.1.6. Levomepromazine (Levomepromazin Neurax, Neurocil)

11.1.7. Thioridazine (Melleril)

11.1.8. Perazine (Taxilan)

11.1.9. Trifluoperazine (Jatroneural retard)

11.1.10. Perphenazine (Decentan)

11.1.11. Fluphenazine (Dapotum, Lyogen, Omca)

11.1.12. Prothipendyl (Dominal forte)

11.1.13. Chlorprothixene (Truxal)

11.1.14. Clopenthixol (Ciatyl)

11.1.15. Flupentixol (Fluanxol)

11.1.16. Butyrophenone

11.1.17. Melperone (Eunerpan)

11.1.18. Haloperidol (Buteridol, duraperidol, Haldol-Janssen, Haloperidol-ratiopharm, Haloperidol-Stada, Sigaperidol)

11.1.19. Bromperidol (Impromen, Tesoprel)

11.1.20. Trifluperidol (Triperidol)

11.1.21. Pipamperon (Dipiperon)

11.1.22. Benperidol (Glianimon)

11.1.23. Fluspirilen (Imap)

11.1.24. Pimozid (Orap)

11.1.25. Sulpirid (Arminol, Dogmatil, Meresa, Neogama)

11.1.26. Clozapine (Leponex)

11.1.27. Risperidone (Risperdal)

11.1.28. Reserpine

11.2. Antidepressives

11.2.1. Imipramine (Pryleugan, Tofranil)

11.2.2. Desipramine (Pertofran, Petylyl)

11.2.3. Trimipramine (Herphonal, Stangyl)

11.2.4. Lofepramine (Gamonil)

11.2.5. Clomipramine (Anafranil, Hydiphen)

11.2.6. Opipramol (Insidon)

11.2.7. Amitriptyline (Amineurin, Laroxyl, Novoprotect, Saroten)

11.2.8. Amitriptylinoxide (Equilibrin)

11.2.9. Nortriptyline (Nortrilen)

11.2.10. Dibenzepine (Noveril)

11.2.11. Doxepine (Aponal, Sinquan)

11.2.12. Mianserine (Tolvin)

11.2.13. Maprotiline (Aneural, Deprilept, Kanopan, Ludiomil, Mirpan, Psymion)

11.2.14. Fluoxetine (Fluctin)

11.2.15. Fluvoxamine (Fevarin)

11.2.16. Paroxetine (Seroxat, Tagonis)

11.2.17 Trazodone (Thombran)

11.2.18. Tranylcypromine (Jatrosom N, Parnate)

11.2.19. Moclobemide (Aurorix)

11.2.20. Viloxazine (Vivalan)

11.2.21. Hypericine (Aristoforat, Cesradyston, Esbericum, Hyperforat, Jarsin, Psychotonin forte)

11.2.22. Lithiumacetate (Quilonum)

11.2.23. Lithiumcarbonate (Hypnorex retard, leukominerase, Lithium "Apogepha", Quilonum retard)

11.2.24. Lithiumsulfate (Lithium-Duriles)

11.3. Tranquilizer

11.3.1. Meprobamat (Visano N)

11.3.2. Hydroxyzin (Atarax)

11.3.3. Chlordiazepoxide (Librium, Multum, Radepur)

11.3.4. Diazepame (Diazepam-ratiopharm, Diazepam Stada, Faustan, Lamra, Tranquase, Tranquo-Tablinen, Valium, Valiquid)

11.3.5. Prazepame (Demetrin)

11.3.6. Oxazepame (Adumbran, Azutranquil, durazepam, Noctazepam, Oxa-Puren, Oxazepam-ratiopharm, Oxazepam Stada, Praxiten, Sigacalm, Uskan)

11.3.7. Clorazepate Dipotassium (Tranxilium)

11.3.8. Lorazepame (duralozam, Laubeel, Pro Dorm, Tavor, Tolid)

11.3.9. Clonazepam (Rivotril)

11.3.10. Bromazepam (durazanil, Gityl, Lexotanil, neo Opt, Normoc)

11.3.11. Clotiazepam (Trecalmo)

11.3.12. Alprazolam (Tafil)

11.3.13. Buspirone (Bespar)

11.4. Psychotonics

11.4.1. Coffeine

11.4.2. Theobromine

11.4.3. Amphetamine

11.4.4. Methamphetamine

11.4.5. Fenetylline (Captagon)

11.4.6. Methylphenidat (Ritalin)

11.4.7. Prolintane (component of Katovit)

11.4.8. Nor-pseudoephedrine (Amorphan Depot, Antiadipositum X-112 S, Mirapront N)

11.4.9. Amfepramone (Regenon, Tenuate Retard)

11.4.10. Mefenorex (Rondimen)

11.4.11. Levopropylhexedrin (Eventin)

11.4.12. (d,l)-Fenfluramin (Ponderax)

11.4.13. Dexfenfluramin (Isomeride)

11.5. Psychotomimetics

11.5.1. N-Dimethyltryptamine

11.5.2. Psilocine

11.5.3. Psilocybine

11.5.4. Bufotenine

11.5.5. Lysergid

11.5.6. Methylendioxy-metamphetamine

11.6. Nootropics

11.6.1. Meclofenoxat (Cerutil, Helfergin)

11.6.2. Nicergolin (Circo-Maren, duracebrol, ergobel, Memoq, Nicergolin-ratiopharm, Nicerium, Sermion)

11.6.3. Piracetam (Avigilen, Cerebroforte, Cerepar N, durapitrop, Encetrop, Memo-Puren, Nootrop, Normabrain, Piracebral, Piracetam-ratiopharm)

11.6.4. Pyritinol (Encephabol)

11.6.5. Tacrin (Cognex)

11.6.6. Memantine (Akatinol Memantine)

12. Sympathomimetics and Sympatholytics

12.1. Sympathomimetics

12.1.1. Norfenefrine (Esbuphon, Norfenefrin-ratiopharm, Novadral, Stagural)

12.1.2. Oxedrine (Sympatol)

12.1.3. Phenylephrine (Visadron, Vistosan)

12.1.4. Naphazoline (Pininol, Privin, Rhinex S, Vistalbalon)

12.1.5. Tramazoline (Biciron, Ellatun, Rhinospray)

12.1.6. Tetryzoline (Rhinopront, Tyzine, Yxin)

12.1.7. Fenoxazoline (Aturgyl)

12.1.8. Xylometazoline (Balkis, Nasentropfen-ratiopharm, Olynth, Otriven, schnupfen endrine)

12.1.9. Oxymetazoline (Nasivin)

12.1.10. Etilefrine (Circupon RR, Effortil, Eti-Puren)

12.1.11. Oxilofrine (Carnigen)

12.1.12. Isoprenaline (Bellasthman Medihaler, Ingelan Gel, Novodrin-Dosieraerosol)

12.1.13. Orciprenaline (Alupent)

12.1.14. Salbutamol (Apsomol, Loftan, Broncho Spray, Sultanol, Volmac)

12.1.15. Pirbuterol (Zeisin)

12.1.16. Carbuterol (Pirem)

12.1.17 Terbutaline (Aerodur, Asthmo-Kranit Mono, Asthmoprotect retard, Bricanyl, Contimit, Terbul)

12.1.18. Fenoterol (Berotec, Partusisten)

12.1.19. Tulobuterol (Atenos, Brelomax)

12.1.20. Clenbuterol (Spiropent)

12.1.21. Reproterol (Bronchospasmin)

12.1.22. Hexoprenaline (Etoscol, Tokolysan)

12.1.23. Ritodrine (Pre-par)

12.1.24. Isoxsuprine (Duvadilan)

12.1.25. Tyramine

12.1.26 Ephedrine (among others component of: Ephepect, Felsol Neo, Perdiphen, Perspiran N)

12.1.27. Ameziniummetilsulfate (Regulton, Supratonin)

12.2. Sympatholytics

12.2.1. Ergotamine

12.2.2. Dihydroergotamine (Agit depot, Angionorm, DHE-Puren, DHE-ratiopharm, DET MS, Dihydergot, Ergomimet, Ergont)

12.2.3. Ergosine

12.2.4. Ergocristine

12.2.5. Dihydroergocristine (Nehydrin)

12.2.6. Ergocryptine

12.2.7. Ergocornine

12.2.8. Dihydroergotoxine (Circanol, Dacoren, DCCK, Defluina N, Ergodesit, Ergoplus, Hydergin, Nehydrin N, Novofluen, Orphol)

12.2.9. Tolazolin (Priscol)

12.2.10. Prazosin (Adversuten, duramipress, Eurex, Minipress, Prazosin-ratiopharm)

12.2.11. Terazosin (Heitrin)

12.2.12. Doxazosin (Cardular, Diblocin)

12.2.13. Urapidil (Alpha-Depressan, Ebrantil)

12.2.14. Isoprenaline

12.2.15. Diclorisoprenaline

12.2.16. Alprenolol (Aptin-Duriles)

12.2.17. Oxprenolol (Trasicor)

12.2.18. Penbutolol (Betapressin)

12.2.19. Bupranolol (betadrenol, Opthorenin)

12.2.20. Metipranolol (Betamann)

12.2.21. Propanolol (Beta-Tablinen, Beta-Timelets, Dociton, Efektolol, Elbrol, Indobloc, Propra-ratiopharm)

12.2.22. Nadolol (Solgol)

12.2.23. Pindolol (durapindol, Pinbetol, Visken)

12.2.24. Mepindolol (Corindolan)

12.2.25. Carteolol (Endak)

12.2.26. Carazolol (Conducton)

12.2.27. Timolol (Chibro-Timoptol)

12.2.28. Sotalol (CorSotalol, Darob, Gilucor, Rentibloc, Sotahexal, Sotalex, Sotalol-ratiopharm)

12.2.29. Metoprolol (Azumetop, Beloc, Beloc Zok, Ilprolol, Lopresor, Metohexal, Metoprolol-ratiopaharm, Prelis)

12.2.30. Betaxolol (Kerlone)

12.2.31. Bisoprolol (Concor)

12.2.32. Atenolol (Atehexal, Atendol, Atenolol-ratiopharm, Blocotenol, Cuxanorm, Dignobeta, duratenol, Jenatenol, Juvental, Tenormin, Tonoprotect)

12.2.33. Acebutol (Acebutol-Heumann, Neptal, Prent)

12.2.34. Celiprolol (Selectol)

12.2.35. Carvedilol (Dilatrend, Querto)

13. Spasmolytics

13.1. Neurotopic spasmolytics, parasympatholytics

13.1.1. Atropine (Atropin Dispersa, Atropin-POS, Atropinsulfat Braun, Atropinum sulfuricum Compretten, Atropinum sulfuricum AWD)

13.1.2. Homatropine (Homatropin-POS eye drops)

13.1.3. Scopolamine (Boro-Scopol eye drops, Scopoderm TTS)

13.1.4. Ipratropiumbromide (Arutropid, Atrovent, Itrop)

13.1.5. Oxitropiumbromide (Ventilat)

13.1.6. N-Butylscopolaminiumbromide (Buscopan, Butylscopolamin-Rotexmedica, Holopon)

13.1.7. Trospiumchloride (Spasmex, Spasmo-lyt)

13.1.8. Tropicamide (Mydriaticum Stulln, Mydrum)

13.1.9. Valethamatbromide (Epidosin)

13.1.10. Glycopyrroniumbromide (Glycopyrronium Curamed, Robinul)

13.1.11. Pirenzepine (durapirenz, Gastricur, Gastrozepin, Pirenzepin-ratiopharm, Pirehexal, Ulcoprotect)

13.2. Musculotropic and neurotropic-musculotropic spasmolytics

13.2.1. Papaverine

13.2.2. Mebeverine (Duspatal)

13.2.3. Tiropramide (Alfospas)

13.2.4. Drofenine (component of Spasmo-Cibalgin S)

13.2.5. Oxybutynine (Dridase)

13.2.6. Propiverine (Mictonetten, Mictonorm)

14. Parasympathomimetics

14.1. Acetylcholine

14.1. Carbachole (Carbamann, Doryl, Isopto-Carbachol, Jestryl viskos)

14.2. Bethanechole (Myocholine-Glenwood)

14.3. Pilocarpine (Chibro-Pilocarpin, Isopto-Pilocarpin, Pilocarpol, Pilogel, Pilomann, Spersacarpin, Vistacarpin)

14.4. Aceclidine (Gaucotat)

14.5. Arecoline

14.6. Muscarine

14.7. Furtrethonium

15. Heart active glycosides and aglycones

15.1. Digitoxine, Purpureaglycoside A (Coramedan, Digicor Neu, Digimerck, Tardigal)

15.2. Purpureaglycoside B

15.3. Gitoxine

15.4. Lanatosid A, Acetyl-Digitoxin

15.5. Lanatosid B, Acetyl-Gitoxin

15.6. Lanatosid C (Ceglunat)

15.7. α-Acetyldigoxine (Lanadigin, Sandolanid)

15.8. β-Acetyldigoxine (β-Acetyldigoxin-ratiopharm, Digostada, Digotab, Kardiamed, Novodigal, Stillacor)

15.9. Digoxine (Digacin, Dilanacin, Lanicor, Lenoxin, Novodigal injection solution)

15.10. β-Methyl-Digoxine (Lanitop)

15.11. g-Strophanthine (Strodival, g-Strophanthin-Jenapharm)

15.12. k-Strophanthine (Kombetin)

15.13. Proscillaridine (Talusin)

15.14. Meproscillarine (Clift)

16. Diuretics

16.1. Acetazolamide (Diamox, Glaupax)

16.2. Hydrochlorothiazide (Disalunil, diu-melusin, Esidrix)

16.3. Trichlormethiazide (component of Esmalorid)

16.4. Butizide (Saltucin)

16.5. Bendroflumethiazide (Sinesalin)

16.6. Bemetizide (among others component of Diucomb)

16.7. Mefruside (Baycaron)

16.8. Chlortalidone (Hydro-long Tablinen, Hygroton)

16.9. Xipamide (Aquaphor)

16.10. Clopamide (Brinaldix)

16.11. Indapamide (Natrilix)

16.12. Furosemide (Furo-Puren, Furorese, Furosemid-ratiopharm, Furosemid Stada, furo von ct, Fusid, Lasix, Ödemase)

16.13. Azosemide (Luret)

16.14. Piretanide (Arelix)

16.15. Torasemide (Torem, Unat)

16.16. Ozolinone

16.17. Spironolactone (Aldactone, Aldopur, Aquareduct, duraspiron, Osyrol, Jenaspiron, Spiro-Tablinen)

16.18. Canrenone

16.19. Potassium canrenoate

16.20. Triametrene (Jatropur)

16.21. Amiloride

17. Therapeutics with activity on the respiratory tract (broncholytika and the like)

17.1. Antiasthmatics

17.1.1. Cromoglycinic acid (DNCG Mundopharma, Intal)

17.1.2. Nedocromile (Halamid, Tilade)

17.1.3. Beclometason-dipropionat (Becloturmant, Sanasthmax, Sanasthmyl)

17.1.4. Budesonide (Pulmicort)

17.1.5. Flunisolide (Inhacort)

17.1.6. Adrenaline

17.1.7. Terbotaline

17.1.8. Theophylline (Afonilum drops, Euphyllin drops, Solosin drops, Afonilum retard, Bronchoretard, Euphyllin retard, Euphylong, PulmiDur, Solosin retard, Uniphyllin)

17.2. Expectorans

17.2.1. Bromhexine (Bisolvon)

17.2.2. Ambroxol (Ambril, Ambrohexal, Ambroxol-ratiopharm, Lindoxyl, Mucobroxol, Mucophlogont, Mucosolvan, Muco-Tablinen)

17.2.3. Carbocisteine (Mucopront, Petox, Pulmoclase, Transbronchin)

All medical compounds are to be classified in the class of the pharmaco-dynamically effective medical compounds.

Example 1

From the analgetics a strong analgeticum in form of Tramadol (above No. 7.22) is chosen, viz. the (±)-trans-2-(dimethylaminomethyl)-1-(3-methoxy-phenyl)-cyclohexanol. Such medical compound is sold by the company Grünenthal under the trade name "Tramal". For manufacturing a magnetic tape an ampoule containing 100 mg tramadol-hydrochloride is used. The ampoule is placed into a cup of the input electrode of a bioresonance unit (BICOM), and it is used such a program scheme according to which all frequencies between 1 Hz and 150 kHz are recorded and are amplified by a predetermined factor, in the present case 200. It is being switched to permanent operation for a period of about 5 minutes. By operating the starting switch the copying process is initiated.

For recording the information of the medical compound a magnetic tape (video tape of the company BASF having a length of 6-7 cm) is placed into the output electrode.

After the transmission the tape is removed and adhered to a body well-tolerated adhesive tape, e.g. of the company 3M or Beiersdorf („Leukosilk ®"). After this step the magnetic plaster onto which the compound Tramadol has been recorded in a dose which corresponds to 100 mg Tramadol may be applied.

Therapy Report 1

A magnetic plaster which contains the magnetic information of the bioresonance spectrum of the compound Tramadol in a dose of 100 mg was applied.

The experiment with this magnetic plaster has been conducted with 16 patients among which 11 reacted positively and 5 not at all on the plaster. Regarding the last-mentioned 5 patients it has to be remarked that neither the immediate taking of the medical compound „Tramal" brought any relief, i.e. the medical compound itself - no matter in which form it has been administered - was suited to ease the patient's pains.

The experiment with these patients was conducted for more than 3 months.

a) Female, 20 years old, suffers from headaches. She was treated with the magnetic plaster for 3 hours per day without any secondary effects. Already after a unique application a quick effect occurred so that she was without pains after 30 minutes.

b) Male, 68 years old. Diagnosis: coxarthrosis, gonarthrosis, cervical dorsal syndrome. The patient was treated twice for 5 hours without any secondary effects. Already on the third day of treatment a clear pain relief could be noticed.

c) Female, 83 years old. Diagnosis: gonarthrosis, cervical dorsal syndrome. The patient was treated twice for 5 hours, whereby a moderate pain relief could be noticed (the patient was used to medicines).

d) Female, 62 years old. Diagnosis: sacroileitis, gonarthrosis. The patient was treated every day twice for 5 hours whereby the patient was relieved from the pains from the first day of application. She wears the plaster when required for a desirous period. No secondary effects did occur.

e) Female, 71 years old. Diagnosis: cervical dorsal syndrome, sacroileitis. Application: Twice for 5 hours. For the period of application she is free of pain. No secondary effects occurred.

f) Female, 74 years old. Diagnosis: cervical dorsal syndrome, lumbal sciatica, multi allergic. Application daily three times for 4 hours. Despite grave pains an obvious relief of pains, in particular at night, could be noticed. Neither secondary effects nor allergic reactions occurred.

g) Female, 49 years old. Diagnosis: sacroileitis. Application daily twice for 5 hours. The patient is free of pains during the permanent therapy. At the beginning there was a overdose since the patient by mistake wore the tape for 8-9 hours. Hereby headaches and profuse perspiration occurred which were, however, gone 10 minutes after removing the plaster.

h) Female, 66 years old. Diagnosis: cervical dorsal syndrome, lumbal syndrome. Treatment daily twice for 5 hours. An obvious improvement occurred at regular application, also in permanent therapy. The known gastro-intestinal troubles of the compound could not be noticed.

i) Male, 63 years old. Diagnosis: trigeminal neuralgia, cervical dorsal syndrome. Treatment: daily twice for 5 hours. An obvious pain relief occurs, also in the permanent therapy. Secondary effects could not be noticed.

j) Female, 66 years old. Diagnosis: cervical dorsal syndrome, lumbal syndrome, trochanteric periostosis. Treatment: daily twice for 4 hours. The patient extended the therapy period when required. Secondary effects were here neither observed.

k) Male, 51 years old. Diagnosis: cervical dorsal syndrome. Treatment: daily twice for 5 hours. An obvious pain relief also with permanent therapy was noticed. No secondary effects occurred even at knowledge of erosive gastritis.

The above treated patients are chronically pain ill and thus have to be treated permanently with analgetica. In many cases such patients are therapy-resistant and furthermore have several diseases so that they have to be treated with several medical compounds which often interact with each other.

It was completely surprising that the tramadol magnetic tape was in the position to at least obviously ease the patients' pains.

Example 2

A prolactine inhibitor in form of the 2-bromo-α-ergocryptine (above No. 1.2.8) is used which is sold by the company Sandoz under the trade name „Parlodel®LAR". Here a retard administration form is concerned, whereby the Parlodel microparticles prior to the application are being mixed with a fluid vehicle to a suspension which subsequently is immediately injected intragluteally.

The process of transmission according to example 1 was repeated with the Parlodel-suspension, whereby the electromagnetic signal was amplified 34 times and transferred to the video tape for a duration of 27 minutes.

Therapy Report 2

A 24 year old female patient who suffers from galactorrhoe because of increased prolactine production is treated with the above-mentioned prolactine inhibitor Parlodel-LAR for 4 weaks, starting at the first day of the menses, whereby the prolactine inhibitor is administered intramuscularly.

After the injection the patient suffers from considerable secondary effects (hypotonic circulatory regulation troubles in the sense of collapse tendency, states of vertigo,

headaches, sweat tendency and concentration troubles).Thus she regularly had to take circulatory stabilizing medical compounds. Furthermore during the menses regularly grave depressive irritations occurred.

First of all an overlapping treatment with the injection on the one hand and the magnetic tape on the other side was conducted, whereby, however, due to the overdose during the first 10 days after the injection the tape could not be worn. Hereby states of nausea occurred which within 15 minutes after removal of the tape (place of administration: acupuncture point KG-6) disappeared.

On the 10th day the magnetic tape was used approximately for 2 hours (about 1/3 of the stored dose) per day, and from the 20th day for about 4 hours per day (maximum dose: 6 hours). After expiry of the month no further injection was administered and the treatment was completely substituted by the magnetic tape which is now being adhered for 6 hours per day over the period of more than 1.5 years.

During the complete period of application, in particular after the change from the injection to the magnetic tape, the patient is free of troubles, i.e. no secondary effects occur. Consequently she has no circulatory disturbances and she neither suffers from the grave depressive troubles during the menses. Also the prolactine production was stopped so that no galactorrhoe can be noticed anymore.

In the drawing one example of the magnetic tape on an adhesive strip is shown in figure 1 as top view and in figure 2 as cut along the line II-II of figure 1.

As may be taken from the figure, 10 is a magnetic tape which is adhered to a body well-tolerated adhesive tape 12. Beyond the marginal strips of the magnetic tape 10 are the projecting marginal strips 14 and 16 of the adhesive strip 12, by which the magnetic tape 10 may adhered to the skin of a patient.

Examples 3 - 19

The medical compound classes 1 - 17, from hormones to therapeutics with effect on the respiration tract and enumerated on pages 8 - 27, are subjected with all their members respectively to the transmission process according to example 1.

Thus according to member 1.8.5 an ethinyl estradiol dose unit, according to 7.23 a clobutinol dose unit, according to 11.2.6 an opipramol dose unit, according to 12.1.12 an isoprenalin dose unit, according to 12.2.21 a propanolol dose unit, according to 14.3 a pilocarpine dose unit and according to 17.1.8 a theophyllin dose unit is used.

Claims

1. Pharmaceutical administration form in form of an electromagnetic memory comprising the bioresonance spectrum of a medical compound being suited to have direct effect on a biological receptor system.

2. Administration form according to claim 1, characterized in that the memory is a magnetic tape.

3. Administration form according to claim 1 or 2, characterized in that the magnetic tape (10) is adhered to a skin well-tolerated adhesive tape (12) whose projecting marginal strips (14, 16) are suited to be adhered to the skin of a patient.

4. Method for the manufacture of a pharmaceutical administration form of a medical compound which is suited to have direct effect on a biological receptor system, characterized in that the bioresonance signal of the medical compound is continuously generated by means of a frequency generator having a frequency range of 1 Hz to 150 kHz, amplified by a predetermined factor, and that the amplified bioresonance signal is stored on an electromagnetic memory.

5. Therapeutical method for the treatment of diseased states of a patient, characterized in that a magnetic tape is applied to the skin of a patient, said tape comprising the bioresonance signal of the medical compound in a predetermined amplification, whereby the medical compound is usually applied for elimination of the diseased state.

Summary

Pharmaceutical administration form of a medical compound which may have direct effect on a biological receptor system, whereby the bioresonance spectrum of said medical compound is recorded on an electromagnetic memory.

09/214047

Fig. 1

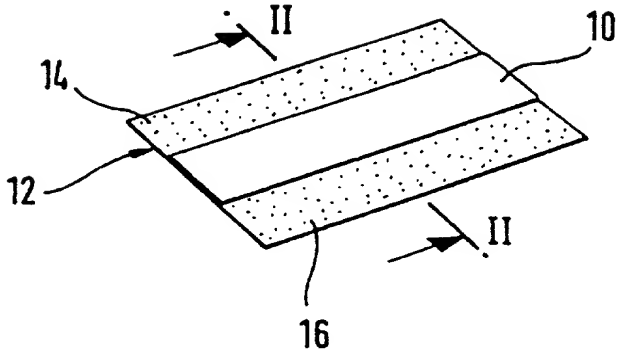
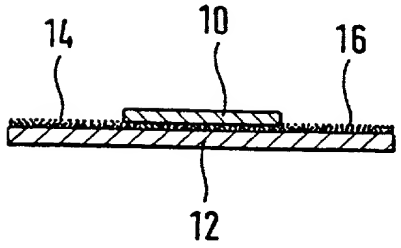


Fig. 2



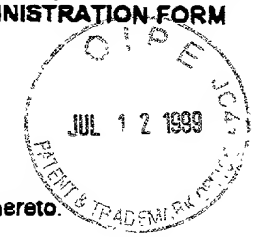
COMBINED DECLARATION AND POWER OF ATTORNEY

Attorney Docket No.
M-1492

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of subject matter which is claimed and for which a patent is sought on the invention entitled **PHARMACEUTICL ADMINISTRATION FORM**



the specification of which

(check one) ☐ is attached hereto.

☒ was filed on June 29, 1996 as International Application PCT/EP96/02849 and including all amendments through this date hereof.

☐ Express Mail No _____, as Serial No. not yet known, and including all the amendments through the date hereof.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1 56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
(Number)	(Country)	(Day/Month/Year Filed)	☐ Yes	☐ No
(Number)	(Country)	(Day/Month/Year Filed)	☐ Yes	☐ No

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112. I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1 56 which became available between the filing date of the prior application and the national or PCT international filing date of this application

(Application Serial No)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Rudolf E. Hutz, Reg. No. ~~22,397~~; Harold Pezzner, Reg. No. ~~22,112~~; John D Fairchild, Reg No, ~~19,756~~, Richard M. Beck, Reg. No ~~22,580~~; Paul E. Crawford, Reg No. ~~24,397~~; Thomas M. Meshbesher, Reg. No. ~~25,083~~; Patricia Smink Rogowski, Reg. No. ~~33,791~~; Robert G. McMorrow, Jr., Reg No. ~~30,962~~, Ashley I. Pezzner, Reg No. ~~35,646~~; William E. McShane, Reg. No. ~~32,707~~; James T Moore, Reg. No. ~~35,619~~; and Mary W. Bourke, Reg. No. ~~30,982~~ all of P.O. Box 2207, Wilmington, Delaware 19899-2007, my attorneys with full power of substitution and revocation.

Send Correspondence To: Connolly and Hutz, P.O. Box 2207, Wilmington, Delaware 19899-2207	Direct Telephone Calls To: (302) 658-9141

FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE	DATE
Dieter Müller		25.6.99
RESIDENCE: Am Kirschenberg 4, 61191 Rosbach, Germany DEX		CITIZENSHIP
POST OFFICE ADDRESS: Am Kirschenberg 4, 61191 Rosbach, Germany		
FULL NAME OF SECOND JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		
FULL NAME OF THIRD JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE	DATE
RESIDENCE		CITIZENSHIP
POST OFFICE ADDRESS		
FULL NAME OF FOURTH JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE	DATE
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RESIDENCE		CITIZENSHIP
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